

Statement of Organization
Recipient Committee

Statement Type ☒ Initial

☒ Not yet qualified
or

☐ Date qualified as committee

☐ Amendment

☐ Termination - See Part 5

Date qualified as committee

Date of termination

Date Stamp

RECEIVED AND FILED

in the office of the Secretary of State
of the State of California

JUL 31 2018

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Dan Cross for Lincoln City
Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY

Lincoln

STATE

CA

ZIP CODE

95648

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

TELEPHONE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Placer

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Lincoln

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Deborah Denning

STREET ADDRESS (NO P.O. BOX)

Lincoln

CA

ZIP CODE

95648

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7-30-2018

By

Deborah Denning

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

7-30-2018

By

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

CALIFORNIA
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COMMITTEE NAME

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

4. Type of Committee Complete the applicable sections

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | CHECK ONE | | PARTY |
|---|---|---------------------|-------------------------------------|--------------------------|------------------------------|
| | | | Nonpartisan | Partisan | (list political party below) |
| Dan Cross | City of Lincoln Councilman | 2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | Nonpartisan | Partisan | (list political party below) |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|--------------------------|--------------------------|
| | | SUPPORT | OPPOSE |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | SUPPORT | OPPOSE |
| | | <input type="checkbox"/> | <input type="checkbox"/> |